EXECUTIVE SUMMARY

Summary of Findings in the State of New Hampshire

Released by: New Hampshire Tobacco Prevention & Control Program

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New Hampshire Adult Tobacco Survey, 2002

Tobacco use is the leading cause of preventable death in the U.S and in New Hampshire. Approximately 1,700 NH residents die each year from tobacco related disease. This represents 18% of all deaths in NH. The 2002 New Hampshire Adult Tobacco Survey (NHATS)

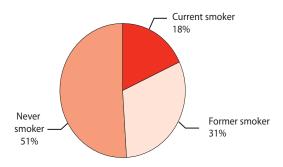
asked New Hampshire adults about their tobacco-related knowledge, attitudes and behavior. This information will be used to plan and evaluate programs to help reduce the health and economic impact of tobacco use in NH.

TOBACCO USE

The 2002 NHATS measured adult use of cigarettes, including prevalence of smoking, number consumed and preferred brands and types of cigarettes. The 2002 NHATS found that 18% of NH adults were current cigarette smokers, 31% were former smokers and 51% never smoked. (Figure 1) This

does not represent a decrease in smoking prevalence among NH adults. The NH adult smoking prevalence as measured by the NH Behavioral Risk Factor Surveillance Survey (BRFSS) has been unchanged over the last decade.

FIGURE 1
Current smoking status, NHATS, 2002



ATS Executive Summary Page 1 November, 2003

CESSATION

Encouraging tobacco users to quit is one of four goals of the NH Tobacco Prevention and Control Program (TPCP). The 2002 NHATS measured the prevalence of quit attempts, quit advice by medical providers and awareness and use of cessation assistance. The survey found that:

- 87% of adult smokers expected to quit at some time in the future.
- 59% of adult smokers were seriously considering quitting in the next six months.
- 55% of adult smokers stopped smoking for one day or more in the previous year in an attempt to quit smoking.
- 78% of smokers are aware of some type of assistance to help them quit.
- 47% of smokers who tried to quit in the past year used medication such as the nicotine patch or nicotine gum the last time they tried to quit.
- 8% of smokers who tried to quit in the past year used assistance such as classes or counseling.
- 74% of current smokers who saw a doctor, nurse or other medical provider in the previous year were advised to quit smoking.
- 39% of current smokers who saw a dentist in the previous year were advised to quit smoking.
- 64% of NH adults who were regular smokers at some time in their lives have quit smoking.

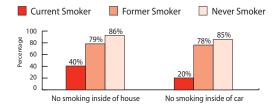
SECONDHAND SMOKE

Secondhand smoke has been linked to a variety of health problems including lung cancer and chronic lung disease. In children, secondhand smoke can damage developing lungs, and increase cases of pneumonia and bronchitis. Children exposed to secondhand smoke are more likely to have reduced lung function and

increased cases of ear infection due to the buildup of fluid in the middle ear. Secondhand smoke also increases the number of asthma attacks in those who have asthma and makes attacks worse. The 2002 NHATS found that:

- 16% of respondents said that someone had smoked in their home in the previous week.
- 22% of respondents said that someone had smoked inside of their car in the previous week.
- Most respondents have rules at home to avoid exposure to secondhand smoke
 - 76% have rules at home against smoking inside of the house.
 - 71% have rules against smoking inside of their cars.

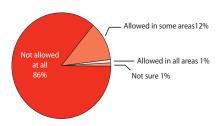
FIGURE 2Respondents with rules against smoking, NHATS, 2002



- 77% of NH adults were employed in a smoke-free workplace.
- 86% of NH adults think that smoking should not be allowed at all in work areas. (Figure 3)

FIGURE 3

Respondents' opinions regarding smoking in work areas, NHATS, 2002



ATS Executive Summary

Page 2

November, 2003

Secondhand Smoke, Cont.

- 17% of respondents said they had avoided going to a restaurant in the past year because they knew that smoking was permitted.
- 7% of NH adults said they had avoided dining at a restaurant because smoking was not permitted.
- 19% said that in the previous year, they had asked a stranger not to smoke around them to avoid exposure to tobacco smoke.
- When asked their opinion about smoking in public places, most respondents said that smoking should be prohibited in most places. (Table 1)

TABLE 1Percent of respondents who think smoking should not be allowed in specified public places, NHATS, 2002

PUBLIC PLACE	PERCENT
Indoor sporting events and concerts	77%
Public buildings	75%
Shopping malls	74%
Indoor dining areas	59%
Bars	31%

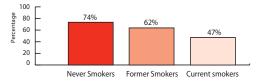
RISK PERCEPTION AND SOCIAL ACCEPTABILITY

Like other changes in health behavior, attitudes and behaviors toward tobacco use change in stages. The 2002 NHATS asked questions about respondents' knowledge of and attitudes toward the dangers of tobacco use.

• When asked if they thought smoking is physically addictive, 94% of respondents agreed.

 Current smokers were less likely to perceive their health as very good or excellent. (Figure 4)

FIGURE 4 Perception of health as very good or excellent, by smoking status, NHATS, 2002



- Most respondents (92%) thought that secondhand smoke was harmful.
- Most respondents were aware of the major diseases that have been linked to secondhand smoke. (Table 2)

TABLE 2
Percent of respondents who think breathing other people's cigarette smoke causes specified diseases and conditions, NHATS, 2002

CONDITION	PERCENT
Respiratory problems in children	97%
Lung cancer	93%
Heart disease	90%
Sudden Infant Death Syndrome	62%

- Most respondents (89%) support efforts to encourage people not to smoke.
- 72% have encouraged someone they know not to start or to stop using tobacco.

PARENTAL INVOLVEMENT

In 2000, the U.S. Surgeon General reported that the involvement of parents and families is a "hallmark" of effective programs that prevent youth initiation of tobacco use. The 2002 NHATS asked respondents if they had discussed tobacco use with children in their households.

- 77% of respondents with children aged 5-17 said that they have discussed tobacco with their child.
- 64% said that they had explicitly told their child not to use tobacco.

MEDIA

Mass media messages about the dangers of tobacco use have been found to be an important component of programs that have reduced youth initiation of tobacco use and increased adult cessation. The 2002 NHATS asked respondents about their exposure to mass media and to messages about the dangers of tobacco.

- 52% of respondents had seen one or more anti-smoking media messages on television in the previous week.
- 33% had heard one or more anti-smoking media messages on radio in the previous week.
- 34% had seen one or more anti-smoking media messages on print materials in the previous week.



CONCLUSION

To reduce the health and economic impact of tobacco use in NH, the New Hampshire Tobacco Prevention and Control Program has adopted the following goals: preventing youth from starting to use tobacco; promoting quitting among tobacco users; eliminating exposure to secondhand tobacco smoke; and prioritizing efforts to reach those populations most affected by tobacco. Information from the 2002 NHATS will be used to help plan and evaluate programs designed to reach these goals.



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